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A case of pyrexia of unknown origin: the rare and underdiagnosed still's disease

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Still's disease is a rare systemic inflammatory disorder that has a bimodal age distribution mostly with those under age 50. It is underdiagnosed and may even lead to life-threatening multiple organ failure. We herein present a Still's disease case that is rarer due to the age of the patient, presence of nasal septum perforation and differential diagnosis of Rheumatoid Arthritis. A fit 62-year-old Caucasian female previously diagnosed with Rheumatoid Arthritis presented with wrist swelling and tenderness, salmon-colored whole-body rash, and fever that started the evening after a crown tooth insertion. She was hospitalized for 28 days with daily-fluctuating fevers that did not respond to broad-spectrum antibiotics. Blood tests revealed leukocytosis, hyperferritinemia, abnormal liver function tests, elevated inflammatory markers, and raised rheumatoid factor. A bone marrow and trephine biopsy revealed hemophagocytic lymphohistiocytosis. High uptake widespread lymphadenopathy and splenomegaly was found in her PET scan. She was also found to have nasal septum perforation. Prednisolone therapy resolved her fever within hours and also her lymphadenopathy. A diagnosis of Still's disease was made based on exclusion and also using the Yamaguchi criteria. The patient has since had one more flare up with shortness of breath, rash and fever that again resolved with prednisolone. Presently, she is well, not on any medication and is being followed up closely for monitoring.